Agency for Healthcare Research and Quality
Advancing Excellence in Health Care

NATIONAL QUALITY MEASURES CLEARINGHOUSE

General

Title

Tobacco treatment: percent of patients identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for FDA-approved cessation medication upon discharge.

Source(s)

Specifications manual for national hospital inpatient quality measures, version 5.0b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2015 Oct 1. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percent of hospitalized patients 18 years of age and older identified as tobacco product users within the past 30 days who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for Food and Drug Administration (FDA)-approved cessation medication upon discharge.

Rationale

Tobacco use is the single greatest cause of disease in the United States today and accounts for more than 435,000 deaths each year (Centers for Disease Control and Prevention [CDC], 2008; McGinnis & Foege, 1993). Smoking is a known cause of multiple cancers, heart disease, and stroke, complications of pregnancy, chronic obstructive pulmonary disease, other respiratory problems, poorer wound healing, and many other diseases (U.S. Department of Health and Human Services [DHHS], 2004). Tobacco use creates

a heavy cost to society as well as to individuals. Smoking-attributable health care expenditures are estimated at $96 billion per year in direct medical expenses and $97 billion in lost productivity (CDC, 2007).

There is strong and consistent evidence that tobacco dependence interventions, if delivered in a timely and effective manner, significantly reduce the smoker's risk of suffering from tobacco-related disease and improved outcomes for those already suffering from a tobacco-related disease (DHHS, 2000; Baumeister et al., 2007; Lightwood, 2003; Lightwood & Glantz, 1997; Rasmussen et al., 2005; Hurley, 2005; Critchley & Capewell, 2003; Ford et al., 2007; Rigotti, Munafo, & Stead 2008). Effective, evidence-based tobacco dependence interventions have been clearly identified and include clinician advice; individual, group, or telephone counseling; and use of Food and Drug Administration (FDA)-approved medications. These treatments are clinically effective and extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments. Hospitalization (both because hospitals are a tobacco-free environment and because patients may be more motivated to quit as a result of their illness) offers an ideal opportunity to provide cessation assistance that may promote the patient's medical recovery. Patients who receive even brief advice and intervention from their care providers are more likely to quit than those who receive no intervention. Studies indicate that the combination of counseling and medications is more effective for tobacco cessation than either medication or counseling alone, except in specific populations for which there is insufficient evidence of the effectiveness of the FDA-approved cessation medications. These populations include pregnant women, smokeless tobacco users, light smokers, and adolescents. Tobacco dependence should be viewed as a chronic disease. The treatment of this chronic disease is most effective when the initial interventions provided in the hospital setting are continued upon discharge to other care settings.

Evidence for Rationale

Baumeister SE, Schumann A, Meyer C, John U, Volzke H, Alte D. Effects of smoking cessation on health care use: is elevated risk of hospitalization among former smokers attributable to smoking-related morbidity. Drug Alcohol Depend. 2007 May 11;88(2-3):197-203. PubMed

Centers for Disease Control and Prevention (CDC). Smoking-attributable mortality, years of potential life lost, and productivity losses--United States, 2000-2004. MMWR Morb Mortal Wkly Rep. 2008 Nov 14;57(45):1226-8. PubMed

Centers for Disease Control and Prevention. Best practices for comprehensive tobacco control programs - 2007. Atlanta (GA): Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2007.

Critchley J, Capewell S. Smoking cessation for the secondary prevention of coronary heart disease. Cochrane Database Syst Rev. 2003;(4):CD003041. [115 references] PubMed

Ford ES, Ajani UA, Croft JB, Critchley JA, Labarthe DR, Kottke TE, Giles WH, Capewell S. Explaining the decrease in U.S. deaths from coronary disease, 1980-2000. N Engl J Med. 2007 Jun 7;356(23):2388-98. PubMed

Hurley SF. Short-term impact of smoking cessation on myocardial infarction and stroke hospitalisations and costs in Australia. Med J Aust. 2005 Jul 4;183(1):13-7. PubMed

Lightwood J. The economics of smoking and cardiovascular disease. Prog Cardiovasc Dis. 2003 Jul-Aug;46(1):39-78. [217 references] PubMed

Lightwood JM, Glantz SA. Short-term economic and health benefits of smoking cessation: myocardial

infarction and stroke. Circulation. 1997 Aug 19;96(4):1089-96. PubMed

McGinnis JM, Foege WH. Actual causes of death in the United States. JAMA. 1993 Nov 10;270(18):2207-12. PubMed

Rasmussen SR, Prescott E, Sorensen TI, Sogaard J. The total lifetime health cost savings of smoking cessation to society. Eur J Public Health. 2005 Dec;15(6):601-6. PubMed

Rigotti NA, Munafo MR, Stead LF. Smoking cessation interventions for hospitalized smokers: a systematic review. Arch Intern Med. 2008 Oct 13;168(18):1950-60. [44 references] PubMed

Specifications manual for national hospital inpatient quality measures, version 5.0b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; Effective 2015 Oct 1. various p.

U.S. Department of Health and Human Services. Reducing tobacco use: a report of the Surgeon General. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2000.

U.S. Department of Health and Human Services. The health consequences of smoking: a report of the Surgeon General. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health; 2004.

Primary Health Components

Tobacco use; treatment; outpatient counseling; cessation medications

Denominator Description

Number of hospitalized inpatients 18 years of age and older identified as current tobacco users (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for Food and Drug Administration (FDA)-approved cessation medication at discharge (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A systematic review of the clinical research literature (e.g., Cochrane Review)

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Hospitalization is an ideal time to encourage smokers to quit. During hospitalization, smokers are not allowed to smoke, are in contact with many health professionals, and may be more willing to accept assistance in quitting. Many smokers quit, unaided, following hospitalization. A meta-analysis found that those who receive intensive treatment during hospitalization and outpatient follow-up treatment for at least one month are more likely to quit than smokers receiving no treatment.

Evidence for Additional Information Supporting Need for the Measure

McBride CM, Emmons KM, Lipkus IM. Understanding the potential of teachable moments: the case of smoking cessation. Health Educ Res. 2003 Apr;18(2):156-70. PubMed

Rigotti NA, Munafo MR, Stead LF. Interventions for smoking cessation in hospitalised patients. Cochrane Database Syst Rev. 2007;(3):CD001837. [94 references] PubMed

Rigotti NA, Munafo MR, Stead LF. Smoking cessation interventions for hospitalized smokers: a systematic review. Arch Intern Med. 2008 Oct 13;168(18):1950-60. [44 references] PubMed

Extent of Measure Testing

Twenty-four hospitals from nineteen states volunteered to participate in a six month pilot test of the draft measures, commencing with discharges beginning March 1, 2010 and concluding on July 31, 2010. There were three tests conducted during the development phase for this measure; public comment, survey of the pilot sites, and a Technical Advisory Panel (TAP) assessment. The purpose was threefold: to gather information regarding face validity, to determine feasibility of data collection, and to gather information about each data element regarding clarity and suggested enhancement that could be made. 2,177 persons responded to the public comment. A total of eleven hospitals and eight TAP members completed the evaluation.

The final phase of testing consisted of site visits to a sample of participating pilot hospitals to assess the reliability of data abstracted and reported by those hospitals. Reliability test site visits were conducted at nine randomly selected pilot hospitals. Selection of the test sites was based on multiple characteristics; including hospital demographics, populations served, bed size and type of facility.

All of the tobacco (TOB) measures have undergone a rigorous process of public comment, alpha testing and broad-scale pilot testing and are recognized by the field as important indicators of tobacco treatment.

Evidence for Extent of Measure Testing

Domzalski K. (Associate Project Director, Division of Healthcare Quality Evaluation, Department of Quality Measurement, The Joint Commission, Oakbrook Terrace, IL). Personal communication. 2013 Jul 15.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Health and Well-being of Communities
Person- and Family-centered Care
Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Patient-centeredness

Data Collection for the Measure

Case Finding Period

Discharges October 1 through June 30

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

Institutionalization

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions
Number of hospitalized inpatients 18 years of age and older identified as current tobacco users

Exclusions

- Patients less than 18 years of age
- Patients who are cognitively impaired
- Patients who are not current tobacco users
- Patients who refused or were not screened for tobacco use during the hospital stay
- Patients who have a duration of stay less than or equal to three days or greater than 120 days
- Patients who expired
- Patients who left against medical advice
- Patients discharged to another hospital
- Patients discharged to another health care facility
- Patients discharged to home for hospice care
- Patients who do not reside in the United States

Patients with *Comfort Measures Only* (as defined in the Data Dictionary) documented

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions
Number of patients who were referred to or refused evidence-based outpatient counseling AND received or refused a prescription for Food and Drug Administration (FDA)-approved cessation medication at discharge

Exclusions
(For medications only)

Smokeless tobacco users
Pregnant smokers with an *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) Principal Diagnosis Code* or *ICD-10-CM Other Diagnosis Codes* for pregnancy (as defined in the appendices of the original measure documentation)
Light smokers
Patients with reasons for not administering an FDA-approved cessation medication

Numerator Search Strategy

Institutionalization

Data Source

Administrative clinical data

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

- Global Initial Patient Population Algorithm Flowchart
- TOB-3: Tobacco Use Treatment Provided or Offered at Discharge Flowchart

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

TOB-3: tobacco use treatment provided or offered at discharge.

Measure Collection Name

National Hospital Inpatient Quality Measures

Measure Set Name

Tobacco Treatment

Submitter

The Joint Commission - Health Care Accreditation Organization

Developer

The Joint Commission - Health Care Accreditation Organization

Funding Source(s)

All external funding for measure development has been received and used in full compliance with The Joint Commission's Corporate Sponsorship policies, which are available upon written request to The Joint Commission.

Composition of the Group that Developed the Measure

Technical advisory panel of stakeholders. Panel membership may be viewed at: http://www.jointcommission.org/assets/1/6/TOB_TAP_Members.pdf .

Financial Disclosures/Other Potential Conflicts of Interest

Expert panel members have made full disclosure of relevant financial and conflict of interest information in accordance with the Joint Commission's Conflict of Interest policies, copies of which are available upon written request to The Joint Commission.

Endorser

National Quality Forum - None

NQF Number

not defined yet

Date of Endorsement

2015 Apr 30

Measure Initiative(s)

Inpatient Psychiatric Facility Quality Reporting Program

Quality CheckÂ®

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

This measure is reviewed and updated every 6 months.

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates a previous version: Specifications manual for national hospital inpatient quality measures, version 4.3b. Centers for Medicare & Medicaid Services (CMS), The Joint Commission; 2014 Apr. various p.

Measure Availability

Source available from The Joint Commission Web site . Information is also available from the QualityNet Web site . Check The Joint Commission Web site and QualityNet Web site regularly for the most recent version of the specifications manual and for the applicable dates of discharge.

NQMC Status

The Joint Commission originally submitted this NQMC measure summary to ECRI Institute on March 28, 2012. This NQMC summary was reviewed accordingly by ECRI Institute on November 27, 2012.

The Joint Commission informed NQMC that this measure was updated on July 16, 2013 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on December 6, 2013.

The Joint Commission informed NQMC that this measure was updated on April 11, 2014 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on June 23, 2014.

The Joint Commission informed NQMC that this measure was updated again on April 14, 2015 and provided an updated version of the NQMC summary. This NQMC summary was updated accordingly by ECRI Institute on July 9, 2015.

This NQMC summary was edited by ECRI Institute on November 16, 2015.

Copyright Statement

Production

Source(s)

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